PATENT



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s):

Ham et al.

Examiner: B. B. Shrivastav

Serial No .:

10/023,163

Group: Art Unit 2859

Filed:

December 18, 2001

Docket: NL 000746

For:

MRI APPARATUS

Dated: June 2, 2003

Mail Stop Non-Fee Amendment Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an amendment in the above-identified application.

Small entity status of this application under 37 C.F.R. § 1.9 and 1.27 has been [] established by a verified statement previously submitted.

A verified statement to establish small entity under 37 C.F.R. § 1.9 and 1:27 is enclosed. []

No additional fee is required. [X]

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMA	SMALL ENTITY			OTHER THAN SMALL ENTITY	
	CLAIM REMA AFTER AMEN	INING	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	ADDIT. E FEE	OR	RATE	ADDIT. FEE	
TOTAL	10	MINUS	20	=	X 9	\$	×	18	\$ 0	
INDEP.	1	MINUS	3	=	X 40	\$	x	80	\$ 0	
☐ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					X 135	\$	х	270	\$ 0	
					TOTAL	_	OR T	OTAL	\$ 0	

ADDIT. FEE <u>\$ -0-</u>

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to the: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandra, VA 22313-1450 on June 2, 2003.

Dated: June 2, 2003

Adrienne Fagan

^{*} If the entry in Co. 1 is less than entry in Col. 2, write "0" in Col. 3.

^{**} If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

^{***} If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3". The Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

[]	Please charge Sposit Account No. 50-2140 in the amount of	nis
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- [] A check in the amount of \$____ is enclosed.
- [X] Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 50-2140. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 50-2140 therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Respectfully submitted,

eorge Likourezos

Reg. No. 40,067 Attorney for Applicant(s)

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GL/af